

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Restricted Delivery if desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, front if space permits.

1. Article Addressed to:

David Barasch, U.S. Attorney
P.O. Box 11754
Harrisburg, Pa. 17108

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

MAY 02 2000

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

1-00-00-702 SC-01 de

54-00

FILED
HARRISBURG, PA

MAY 08 2000

MARY E. D'ANDREA, CLE
Per gts
Deputy ClerkShow Cause
Order of
5-1-00

(4)

5/9/00

Calderon

CV-00-702